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Dear Chair Thompson and House Public Health Committee Members ,

My name is Rio Gonzalez; I am the Mental Health Policy Fellow for Young Invincibles (YI) a national, non-partisan research and advocacy organization focused on critical economic issues facing young people ages 18 to 34, one of them being access to affordable health care. In Texas we are based in Houston and Austin, work with young people throughout the state, and share in their struggles and successes on the path to health access. Thank you for the opportunity to submit our research findings and recommendations regarding Interim Charges #3.

### **Current Landscape**

Millions of people are impacted by mental health illness every year. Nationally, 1 in 5 adults (43.8 million) experience mental illness and 1 in 25 adults (10 million) experience serious mental illness.<sup>1</sup> In Texas, 6,474,144 people have a mental illness and 1,919,350 Texans have a serious mental illness.<sup>2</sup> Suicide rates, in the U.S., have increased by 31% since 2001 and is the 10th leading cause of death.<sup>3</sup> More prominently, suicide is the second leading cause of death among people aged 10-34 and the second leading cause of death among college students, who fall in the traditional 18-24 age group. New research from the Centers for Disease Control found that 1 in 4 people aged 18-24 seriously contemplated suicide in June.<sup>4</sup> This research is aligned with the anticipated increase in suicide due to the COVID-19 pandemic. Based off the 2007 Great Recession suicide rate increase of 1.6% for every percentage point increase in the unemployment rate, researchers are anticipating a 20% increase in unemployment, resulting in 18,000 American deaths by suicide.<sup>5</sup> Black, Indigenous, and People of Color (BIPOC) are at a higher risk of suicide given their disproportionately higher death rates from the pandemic. Texas' high rate of uninsured people further exacerbates the mental health crisis and continues to disproportionately

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<sup>1</sup>“Mental Health By the Numbers,” NAMI (NAMI, September 2019), <https://www.nami.org/mhstats>.

<sup>2</sup>“Texas Mental Health Numbers: Community-Based Services,” Mental Health America of Greater Dallas (Mental Health America of Greater Dallas), accessed October 12, 2020, <http://www.mhadallas.org/wp-content/uploads/2014/12/TEXAS-MENTAL-HEALTH-NUMBERS.pdf>.

<sup>3</sup>“Mental Health By the Numbers,” NAMI (NAMI, September 2019), <https://www.nami.org/mhstats>.

<sup>4</sup>“‘Not Another Aggie’ Should Be Lost To Suicide,” Texas A&M Today (Texas A&M University, September 8, 2020), <https://today.tamu.edu/2020/09/08/texas-am-to-host-suicide-prevention-campaign/>.

<sup>5</sup>Sean Walker, “Suicide and Mental Health in Texas,” Hogg Foundation for Mental Health (Hogg Foundation, June 16, 2020), <https://hogg.utexas.edu/suicide-and-mental-health-in-texas>.

impact people of color who are more likely to be uninsured compared to their white counterparts. Additionally, BIPOC are less likely to seek out treatment and more likely to end treatment too early. Lack of treatment for mental health issues coupled with systemic racism can lead to serious psychological harm for young people of color who are more readily referred to the criminal justice system.<sup>6</sup> Furthermore, 37% of people incarcerated in state and federal prison have a diagnosed mental issue and 1 in 8 of all visits to the emergency departments are related to mental and substance use disorders.<sup>7</sup>

### **Behavioral Health Capacity**

There is a mental health crisis happening, and Texas has an ill equipped mental health system to meet the needs of all Texans. Texas ranks last in access to mental health care due to waitlists, underserved clients, people waiting in jail for access to care, criminal justice involvement, homelessness, and school failure.<sup>8</sup> Texas has a series of severe ongoing issues that prevents the mental health system to meet the growing demand for mental health care. Workforce shortages, closure of behavioral health facilities, and lack of data are at the forefront of the severe ongoing issues.

#### *Workforce Shortage*

The workforce shortage impacts the majority of Texas. Of Texas' 254 counties, 81% (207 counties) are designated as Mental Health Professional Shortage Area (MHPSAs), and 94% (241 counties) have some level of shortage of mental health providers. **Compared to the national average of 129 psychologists per 100,000 residents, Texas has 76.**<sup>9</sup> Further, 3 million of Texans live in 185 counties that do not have a single psychiatrist. There are also 149 counties without a single licensed psychologist, and 40 counties without a licensed social worker.<sup>10</sup> To make matters worse, Texans in the mental health workforce are reaching an age of retirement and educational institutions are not producing enough graduates to meet the anticipated demand.<sup>11</sup>

Without the right care, low-income people with the most severe and complex mental health needs can find themselves in cycles of super utilization of emergency rooms, hospitals, jails, and homeless shelters. Without an adequate number of the mental health providers, less than 1 in 12 Texans will be able to receive the care they need to break out of this cycle. Without a solution to

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<sup>6</sup> Ibid.

<sup>7</sup> "Mental Health By the Numbers," NAMI (NAMI, September 2019), <https://www.nami.org/mhstats>.

<sup>8</sup> "Public Policy: Mental Health System Capacity, Workforce, and Continuum of Care," NAMI Texas ( <https://namitexas.org/public-policy-mental-health-system-capacity-workforce-and-continuum-of-care/>), accessed October 14, 2020, <https://namitexas.org/public-policy-mental-health-system-capacity-workforce-and-continuum-of-care/>.

<sup>9</sup> Andy Keller, "We Must Address Texas' Behavioral Health Emergency, by PhD, President/CEO Meadows Mental Health Policy Institute," TribTalk (TribTalk, May 13, 2015), <https://www.tribtalk.org/2015/05/13/behavioral-health-emergency/>.

<sup>10</sup> "The Texas Mental Health Workforce: Continuing Challenges and Sensible Strategies," Hogg Foundation for Mental Health (Hogg Foundation, July 2016), [https://hogg.utexas.edu/wp-content/uploads/2016/07/2016\\_policybrief\\_workforce.pdf](https://hogg.utexas.edu/wp-content/uploads/2016/07/2016_policybrief_workforce.pdf).

<sup>11</sup> Ibid.

this public health emergency, the local Texas government will continue to pay \$2.2 billion for the total cost of unmet mental health needs of Texans, with \$1.4 billion of the cost being from emergency room visits and \$700 million coming from the local justice system.<sup>12</sup>

In education, mental health supports on campus are critical to student wellbeing and safety. Campuses with mental health providers show an improvement in attendance rates, better academic achievement, and higher graduation rates, as well as overall improvement in safety.<sup>13</sup> Despite the known benefits of having mental health resources in the education system, there are 14 million K-12 students who attend a school with police but no counselor, nurse, psychologist, or social worker. Additionally, most states are understaffed and do not meet the recommended student-to-counselor ratio of 250:1; in Texas, the ratio is 434:1.<sup>14</sup> For colleges and universities, the recommended staff-to-student ratio is different from that of schools. It is recommended that they have one professional staff member for every 1,000 to 1,500 students. However, the national average ratio of mental health professionals to students is 1 to 1,600.<sup>15</sup> Out of six Texas universities whose staff-to-student ratio were observed, all six universities were well-above the recommended ratio with UT-Austin having the best ratio of one staff member for every 1,818 students. The University of Houston had the worst ratio of one staff member for every 3,285 students.<sup>16</sup> Larger educational institutions tend to have higher ratios than smaller educational institutions. These higher ratios have led to an increase in wait times to see a mental health provider, making it extremely difficult for students experiencing severe challenges to get the help they need. Texas should take the lead in investing more on mental health resources available to students.<sup>17</sup>

### *Closure of Behavioral Health Facilities*

Closure of behavioral health facilities has negatively impacted the surrounding communities who relied on these facilities for access to mental health care. North Texas has been impacted more severely than some other parts of the state. Compared to the 1,549 licensed behavioral health beds in Houston's Harris County or San Antonio's 847 beds, North Texas' 580 beds is a disproportionately small amount for the region. Although most major public hospitals have a minimum of 150 beds, Parkland Hospital in Dallas County only has 20. Because of the surrounding closures in North Texas, Parkland's psychological services has increased to seeing 400 more patients a month, and patients brought in by law enforcement has surged from 700 to

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<sup>12</sup>“The Local Burden of Unmet Mental Health Needs on Texas Counties,” Texas State of Mind (The Meadows Mental Health Policy Institute ), accessed September 29, 2020, [https://www.texasstateofmind.org/wp-content/uploads/2017/04/TexasCUC\\_UnmetNeeds\\_Handout\\_FINAL-43464.pdf](https://www.texasstateofmind.org/wp-content/uploads/2017/04/TexasCUC_UnmetNeeds_Handout_FINAL-43464.pdf).

<sup>13</sup>“Cops and No Counselors,” American Civil Liberties Union (American Civil Liberties Union), accessed September 30, 2020, <https://www.aclu.org/issues/juvenile-justice/school-prison-pipeline/cops-and-no-counselors>.

<sup>14</sup>Ibid.

<sup>15</sup>“Statement Regarding Recommended Staff To Student Ratios,” 2019, <https://iacsinc.org/staff-to-student-ratios/>.

<sup>16</sup> Aneri Pattani, “Texas Colleges Lag in Mental Health Services,” The Texas Tribune (The Texas Tribune, August 9, 2016), <https://www.texastribune.org/2016/08/09/texas-universities-struggle-fund-mental-health-ser/>.

<sup>17</sup> “Statement Regarding Recommended Staff To Student Ratios,” 2019, <https://iacsinc.org/staff-to-student-ratios/>.

1,000 a month.<sup>18</sup> This rise in the number of patients combined with a lack of beds leads to back-ups in the ER, thus preventing all patients from getting the care they need. When there are not enough beds and trained personnel to handle the surge of patients, the police are called. This causes an overload of the Dallas County jail, which is the second largest mental health provider in the state.

To help reduce the number of people with mental health emergencies who end up in the hospital or jail, the Meadows Mental Health Policy Institute, Dallas Fire-Rescue Department, Dallas Police Department, and Parkland Health & Hospital System partnered up and created the Rapid Integrated Group Healthcare Team (RIGHT) Care program. People from each department are trained to handle mental health emergencies and provide a comprehensive emergency response by stabilizing the patient at any given location. The program also has a Parkland mental health professional stationed in the 911 call center to help with the mental health calls. The program was successful in reducing Parkland ER admissions by 10% and diverting 31% of 911 calls from jails or the hospital, in 2018.<sup>19</sup>

### *Lack of Data*

Lack of data makes it extremely difficult to address Texas' problems with mental health care. Currently, there is no state agency that tracks the number of available psychiatric beds.<sup>20</sup> Lack of data for bed space does not allow for effective communication and delegation within behavioral health facilities. Additionally, the Associated Press found that most of the largest U.S. public universities do not track suicides among their students. Out of 100 universities, only 46 reported that they currently track suicides.<sup>21</sup> Lack of data for suicide prevents adequate measurements in prevention programs.

## **Recommendations**

### **Expand funding for the Mental Health Professionals Loan Repayment Program**

We recommend increasing funding to the Mental Health Professionals Loan Repayment Programs to help reduce the mental health workforce shortage and increase mental health care access to Texans throughout the state.

### **Expand Medicaid**

We recommend that in order to get more young adults in Texas insured, Texas expands Medicaid coverage and offers a Special Enrollment Period with broad eligibility for the uninsured. We recommend increasing access to telemedicine and telehealth services to help alleviate some of

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<sup>18</sup>Will Maddox, "North Texas Tries to Account for a Shortage in Behavioral Healthcare," D Magazine (D Magazine, September 2019), <https://www.dmagazine.com/publications/d-ceo/2019/september/north-texas-tries-to-account-for-a-shortage-in-behavioral-healthcare/>.

<sup>19</sup> Ibid.

<sup>20</sup>Alex Wukman, "A State of Need: Texas' Struggles With Mental Healthcare," Reform Austin (Reform Austin, October 2, 2019), <https://www.reformaustin.org/healthcare/a-state-of-need-texas-struggles-with-mental-healthcare-2/>.

<sup>21</sup>Collin Binkley, "Most Major Public Universities Don't Track Student Suicides," Statesman (Statesman, September 25, 2018), <https://www.statesman.com/news/20180105/most-major-public-universities-dont-track-student-suicides>.

the burden highlighted by the COVID-19 pandemic. It's never been more important for every young adult to access health insurance.

**Increase Reimbursement Rates**

We recommend Texas Health and Human Services Commission consider increasing reimbursement rates to incentivize more mental health care providers to serve Medicaid patients.

**Invest in Postsecondary Mental Health Providers**

We recommend increasing funding for mental health staffing so that schools, colleges, and universities can meet the recommended staff-to-student ratio.

**Enhance Mental Health Services for All College Students**

We recommend enhancing mental health services for all college students with specialized preventive services for vulnerable populations. As well as offering a range of supportive programs and services in varied formats (peer support groups, self-care workshops, individual counseling, group counseling).

**Establish Postsecondary Liaisons for Student Parents**

We recommend establishing clear communications to students about supports available- especially mental health supports. We recommend that Texas establish student parent liaisons at public college universities in order to connect students who are parenting while attending school with resources to help them thrive, such as mental health care.

**Relax Licensing Requirements**

We recommend relaxing licensing requirements to allow clinicians to work across state lines if they have equivalent certifications. This recommendation would help many out-of-state students who lost access to their mental health campus resources.

Sincerely,

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Young Invincibles